



**AFRICAN-AMERICAN AFFAIRS COMMISSION
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591
(860) 240-8555
FAX (860) 240-8444**

Public Health Committee

Public Hearing

Wednesday, February 11th, 2009, 10:00 AM in Room 1D of the LOB

Good morning/afternoon Senator Harris, Representative Ritter and members of this Committee. My name is Frank Sykes and I am the Legislative Analyst representing the African-American Affairs Commission (AAAC). The Commission is a voice for the African-American community and accomplishes its mission through research, policy analysis and outreach. I am speaking in support of

Senate Bill. 655 (Raised) – An Act concerning cultural competency instruction for physicians.

Since the 2000 census the U.S. has become an even more racially and ethnically diverse society. In the 2000 census, minorities constituted 30 percent of the population. It is predicted that this figure will grow to at least 47 percent by the year 2050, nearly half of the U.S. population.¹ A number of states have responded to this change in demographics, as such, have included cultural

¹ U.S. Census Bureau, *Demographic Trends*

competency training as part of medical school's curricula also for the purposes of continuing education. As a member of the Commission on Health Equity, it is our belief that the health of Connecticut's residents will be better served if this state follows this path. This is critical especially when people's lives depend on the decisions that doctor's make in service delivery. Medical educators in the state need to understand the role that culture plays in all aspects of the doctor-patient relationships, an appreciation of the complexity of cultural awareness, training in methods to work effectively with culturally diverse populations and the tools to understand their own biases.

Published research from organizations such as the Institute of Medicine and the Centers for Disease Control and Prevention (CDC) further confirm that not only do people from different backgrounds have unequal access to care, but they also have disparities in health outcomes. In other words disparities in health outcomes are partly attributable to unequal treatment. Another report titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* described statistical significant variations in the rates of medical procedures by race, even when insurance status, income, age and severity of conditions were comparable. There are many examples to support this claim. For instance surgery for lung cancer is performed less frequently for African-Americans. Similarly end stage renal (kidney) disease receive fewer transplants than whites. The list is endless. In view of these facts one of the recommendations of this report is to integrate cross-cultural education into training of all current and future health professionals. It is for these reasons we support this bill and urge this Committee's support.

Thank you for the opportunity to testify.